
Adult Cardiac Emergencies:

Premature Ventricular Ectopy (PVC's)

I. All Provider Levels

1. Refer to the Patient Care Protocols.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in position of comfort. If evidence of poor perfusion is present place the patient in shock position.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: EMT-I and EMT-P should use ET intubation.

5. Establish an IV of Normal Saline KVO or Saline lock.

Note Well: An ALS Unit must be en route or on scene.



II. Advanced Life Support Providers

1. Attach EKG monitor and interpret rhythm.
2. If possible, obtain 12 lead EKG.

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II. Advanced Life Support Providers (continued)

3. Treatment is indicated if
 - A. PVC's are greater than 6 per minute and
 - i. multi-focal or
 - ii. closely coupled or
 - iii. near T wave
 - B. Runs of VT (three or more PVCs in a row) are present
 - C. Treatment modalities include
 - i. If heart rate > 60 beats per minute, administer Lidocaine 1.5 mg/kg IVP.
 - ii. Patients with liver dysfunction, in acute CHF or over the age of 70, administer Lidocaine 0.75 mg/kg IVP.
4. Reassess patient every 5 minutes.



III. Transport Decision

1. Transport to the closest appropriate open facility



IV. The Following Options are Available by Medical Control Only

1. Lidocaine 0.75 mg/kg IVP to a maximum of 3.0 mg/kg.
2. Lidocaine at 0.75 mg/kg to a maximum of 1.5 mg/kg for patients with liver dysfunction, in acute CHF or over the age of 70